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MISSED APPOINTMENT POLICY

In order to provide quality care to our patients, improve, assess, and minimize wait times, our office has adopted the following policy regarding missed appointments.

I understand if I should fail to keep a scheduled appointment three (3) times in twelve (12) consecutive months, it may be necessary for me to make arrangements to receive my medical care elsewhere.

I further understand the policy works as follows:

- A telephone call to cancel the appointment is required at least one (1) business day prior to the scheduled appointment to avoid a missed appointment fee of fifty dollars (\$50.00).
- New Patients who fail to keep their scheduled appointment and who do not give a proper notice may not be allowed to reschedule their appointment.
- If one appointment is missed, a reminder letter may be sent indicating that the scheduled appointment has been missed.
- If a second appointment is missed, another letter may be sent.
- Upon failing to keep a third scheduled appointment, a certified letter will be sent indicating your discharge from our care due to missing three (3) scheduled appointments: I further understand that Okemos Allergy Center will care for emergent needs for thirty (30) days from the date of the certified letter. After thirty (30) days, I will need to place my care under another allergist.
- There may be a fee charged for any missed appointment. The current fee for a missed appointment is fifty dollars (\$50.00).

Please note: Parent(s) and/or legal guardians will be held responsible for the appointments of minor children/dependents. **The current fee for a missed appointment is fifty dollars (\$50.00). Your insurance company will NOT cover this fee. You will not be able to be seen without payment of this fee.**

I have read the above policy in its entirety and fully understand that the above information as it relates to me and to my family members.

Patient Signature: _____

Patient Printed Name: _____

Patient Date of Birth: _____ Today's Date: _____

Parent/Guardian Signature: _____

Parent/Guardian Printed Name: _____